

Agricultural Research Service Culture Collection

Strain Deposit Form

NCAUR USE ONLY

NRRL Number:

Temporary Number:

Storage: Lyophilization ☐ Liquid N₂ ☐

Date accessioned:

Accession notebook and page:

Please complete form as fully as possible. Print legibly or type.

Scientific name:

Depositor:

Identified by:

Isolation data:

Isolated by:

Date:

Substrate or host:

Geographic location:

If not original isolator, please give strain history:

Recommended growth conditions:

Equivalent strain numbers in other collections:

Significance of strain: Type strain ☐ Other:

References (please supply reprint):

Known pathogen: ☐ No ☐ Yes: Human ☐ Animal ☐ Plant ☐ Other:

Comments:

The depositor certifies that this strain is not being deposited in the Agricultural Research Service Culture Collection for patent purposes, that it is unconditionally available to the international public, and that it is understood that continued maintenance of this strain is at the discretion of the curator.

Signature of depositor:

Date: